NARRATIVE REPORT CHECK LIST	NARRATIVE	Use Additional Page	s as Needed)
☐ Information from Dispatch			
Observations on Approach			
Detail Property Damage			
Detail Physical Evidence			
Document Detailed Description of Demeanor			
☐ Victim			
Suspect			
Children			
Other Witnesses			
Spontaneous Statements & Demeanor at Time of Statement			
☐ Victim at Scene			
Suspect at Scene			
Children at Scene			
Suspect During Transport & Booking			
Describe Injuries			
☐ Type & Extent			
How Injuries Occurred			
Interview			
Victim			
Suspect			
Witnesses			
☐ Doctor ☐ Nurse			
☐ Children			
☐ Neighbors			
☐ How Was Weapon Used			
Detail Prior History			
Ask Victim/Witnesses			
(Include Out of State Incidents)			
CCH Attached			
Detail Lethality Assessment			
List Names, Ages, & Address of Any Child in Common, Whether Present or Not			
Provide Detailed Account of Incident			
1 Tovide Detailed Account of Incident			
SIGNED		BADGE NUMBER	DATE
			1

STATE OF MICHIGAN STANDARD DOMESTIC RELATIONSHIP INCIDENT REPORT (Complies with MCL 764.15c) DISPATCH TIME TIME CLEARED **CALL RECEIVED** ☐ 911 SINGLE CALL NAME OF PERSON WHO CALLED THE POLICE ☐ 911 MULTIPLE CALLS ADDRESS OF PERSON WHO CALLED THE POLICE ☐ OTHER INCIDENT LOCATION: Home Work School Vehicle Store Hotel Bar/Club Other COUNTY NO. TOWNSHIP NO. Victim's Identifying or Contact Information May be Exempt from Disclosure Under the Freedom of Information Act and Crime Victim's Rights Act. **VICTIM** LAST NAME FIRST NAME MIDDLE NAME RACE SEX DATE OF BIRTH HEIGHT WEIGHT ADDRESS CITY ZIP CODE TELEPHONE: (Home) (Work) (Cellular) CONTACT PERSON IF DIFFERENT FROM ABOVE **TELEPHONE ADDRESS** CITY ZIP CODE LOCATION LODGED CHARGE SUSPECT LAST NAME FIRST NAME MIDDLE NAME SEX DATE OF BIRTH HEIGHT WEIGHT HAIR COLOR EYE COLOR OPERATOR'S LICENSE NUMBER SOCIAL SECURITY NUMBER ADDRESS CITY ZIP CODE TIME OF REPORT TELEPHONE: (Home) (Cellular) (Work) VICTIM RELATIONSHIP WITH OFFENDER IS (Check One) Length Of Relationship ______Years _____ Months ☐ Spouse ☐ Former Spouse ☐ Has Had Child In Common ☐ Dating Relationship ☐ Former Dating Relationship ☐ Resident of the Same Household as Partner or Intimate Partner Former Resident of the Same Household as Partner or Intimate Partner IF VICTIM IS RESIDENT OR FORMER RESIDENT BUT NOT AS A PARTNER OR INTIMATE PARTNER (Check One): Parent Child Sibling Grandparent Grandchild Roommate Other VICTIM INJURIES DESCRIBE HOW INJURIES OCCURRED IN NARRATIVE SUSPECT INJURIES OCCURRED IN NARRATIVE **BACK FRONT** ☐ FATAL ☐ COMPLAINT OF PAIN ☐ FATAL ☐ COMPLAINT OF PAIN COMPLAINT OF STRANGULATION COMPLAINT OF STRANGULATION ☐ INVOLUNTARY NECK PAIN ☐ INVOLUNTARY □ NECK PAIN SORE THROAT URINATION OR SORE THROAT URINATION OR RASPY VOICE DEFECATION RASPY VOICE DEFECATION DIFFICULTY SWALLOWING DIFFICULTY SWALLOWING SCRATCH MARKS SCRATCH MARKS ROPE OR CORD BURN ROPE OR CORD BURN RED LINEAR MARKS OR BRUISING RED LINEAR MARKS OR BRUISING NECK SWELLING □ NECK SWELLING BRUISING ☐ FRACTURE BRUISING ☐ FRACTURE ☐ ABRASIONS ☐ CONCUSSION ☐ CONCUSSION ☐ ABRASIONS ☐ CUTS ☐ BROKEN/LOSS OF TEETH ☐ BURNS ☐ BROKEN/LOSS OF TEETH ☐ BURNS ☐ CUTS ☐ GUNSHOT WOUND ☐ LACERATIONS ☐ NONE ☐ GUNSHOT WOUND ☐ LACERATIONS ☐ NONE

LOSS OF CONSCIOUSNESS OTHER

LOSS OF CONSCIOUSNESS OTHER

VICTIM MEDICAL TI	REATMEN	T	SUSPECT	MEDIC	CALTR	REATMENT	
NONE WILL SEEK OWN EMT HOSPITAL CLI TRANSPORTED BY: (Name)	NIC REFUSE	D	TRANSPORTED BY:	SPITAL [CLINIC [RST AID RENDERED REFUSED	
NAMES OF TREATING PHYSICIAN/NURSE			NAMES OF TREATING PHYSICIAN/NURSE				
TELEPHONE OR PAGER NUMBER			TELEPHONE OR PAGER NUMBER				
ADMITTED: YES NO			ADMITTED: YES NO				
☐ PATIENT SIGNED RELEASE FOR M	MEDICAL RECOR	DS	☐ PATIENT SIGNED RELEASE FOR MEDICAL RECORDS				
ALCOHOL / CONTR	OLLED S	UBSTA	NCE USE A	TTIME	OF INC	CIDENT	
VICTIM Alcohol			Alcohol	SUSF	PECT		
☐ Controlled Substance (Detail What and How Used in Narr	Controlled Substance (Detail What and How Used in Narrative)			☐ Controlled Substance (Detail What and How Used in Narrative)			
WEAPONS PERSONAL (Hands, Fists, Feet) [FIREARM-TYPE UNKNOWN	DESCRIBE WEA BLUNT OBJEC POISON		ING INSTRUMENT	APON RECOV HANDGU OTHER	JN 🗌 LC	NG GUN	
EVIDENCE							
☐ Suspe	Scene PROPERTY DAMAGE (Describe in Narrative) Children CRIME LAB CALLED						
WITNESSES LAST NAME		FIRST NAME		MIE	DDLE NAME		
RACE	SEX	DATE OF BIRT	BIRTH				
ADDRESS			CITY			ZIP CODE	
ELEPHONE: (Home) (Work)		(Work)	(Cell		Cellular)		
RELATIONSHIP TO VICTIM	RELATIONSHIP	O SUSPECT STA		STATEMENT TAKEN BY			
LAST NAME		FIRST NAME		MI	DDLE NAME		
RACE	SEX	DATE OF BIRT	Н				
ADDRESS			CITY			ZIP CODE	
TELEPHONE: (Home)		(Work)	I	(Ce	ellular)		
RELATIONSHIP TO VICTIM	RELATIONSHIP	TO SUSPECT		STATEMENT TA	AKEN BY		

WITNESSES (Co	ontinued)	FIRST NAME			MIDDLE NAME		CONT. EAWY OF INCIDENT NOMBER
RACE	SEX	DATE OF BIRTH	Н				
ADDRESS			CITY			ZIP CODE	
TELEPHONE: (Home)		(Work)			(Cellular)		
RELATIONSHIP TO VICTIM	RELATION	SHIP TO SUSPECT		STATEMEN	NT TAKEN BY		
LAST NAME	<u> </u>	FIRST NAME			MIDDLE NAME		
RACE	SEX	DATE OF BIRTH	H				
		5/112 61 511111				710,0005	
ADDRESS			CITY			ZIP CODE	
TELEPHONE: (Home)		(Work)			(Cellular)		
RELATIONSHIP TO VICTIM	RELATION	SHIP TO SUSPECT		STATEMEN	NT TAKEN BY		
Recent Separation or Threatene Suspect Abuses Alcohol or Othe Suspect Accuses Victim of Ches PRIOR DOMES PROVIDE DETAIL IN NA PREVIOUSLY KNOWN TO WIT If YES, Where and When Report	er Drugs ating ETIC VIOLE RRATIVE TNESSESYE	Suspect Attempt Victim is Current NCE HIST NO		aily Activitie	Suspect I	Violent Toward Childrer Has Injured or Killed Pe has Forced Sex on Victi	ets im
FOREIGN PROTECTION ORE YES N PROTECTIVE CONDITION OF YES N FOREIGN PROTECTIVE COND	NO (Court DER IN EFFECT NO (Court RELEASE OR PRO NO (Court DITION OF RELEASE	BATION ORDER IF	N EFFECT)		
VICTIM ASSIST	TANCE						
☐ CRIME VICTIM RIGHTS INI ☐ DOMESTIC VIOLENCE VIC			ATION PROVIDED				
INTERPRETER	SERVICES	S PROVIDE	ΞD				
VICTIM YES N	NO LANGUAGE -						
SUSPECT YES N	NO LANGUAGE _						

*LIST INTERPRETERS IN WITNESS BOX